

FORM

584 to #585

MEDICAL GRIEVANCE FORM

FACILITY: D.C.C. DATE: 5-31-04GRIEVANT'S NAME: WILLIAM A. NEWSON SBI#: 257317

CASE#: _____ TIME OF INCIDENT: _____

HOUSING UNIT: BUDG. 22 B7U

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I BROKE + DISLOCATED A FINGER WHILE IN PRE-TRIAL ON 9-25-03 AT 2:00 PM.
I WAS X-RAYED ON 9-29-03, AT WHICH TIME DR. ALI TRIED TO FIX IT SEVERAL
TIMES WITH NO SUCCESS. I SAW DR. MANYFOLD IN DOVER ON 10-17-03 ECT.
(SAME INFO AS 1ST GRIEVANCE).

MEDICAL FAILED TO GIVE PROPER TREATMENT SINCE
THAT TIME. I FILED FIRST MEDICAL GRIEVANCE ON 10-22-03. TRTMENT,
ADMIN. BRENDA HOLWERDA SAW ME ABOUT MY GRIEVANCE ON 11-3-03 AND AGREED
I SHOULD BE TREATED AND HAVE A OFFICIAL GRIEVANCE HEARING. I LEFT
D.C.C. ON A DETAINER ON 12-4-03 AND RETURNED TO D.C.C. ON
5-20-04. IT HAS BEEN 8 MONTHS WITH NO FURTHER TREATMENT OR
RESPONSE TO MY FIRST GRIEVANCE.

ACTION REQUESTED BY GRIEVANT: _____

AFTER SEVERAL ATTEMPTS TO RESOLVE THIS PROBLEM THROUGH
GRIEVANCES AND SPEAKING TO BRENDA HOLWERDA, I'M REQUESTING IMMEDIATE
ACTION ON THIS GRIEVANCE BY HAVING A FORMAL HEARING AND ALSO
SPEAKING TO A SUPERVISOR ABOVE BRENDA HOLWERDA, SUCH AS TERRI OR
GEVA

GRIEVANT'S SIGNATURE: William A. Newson DATE: 5-31-04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

EXHIBIT "B"